



4224 Houma Blvd
Suite 205
Metairie, LA 70006

8050 West Judge Perez
Dr. Suite 2400
Chalmette, LA 70043

120 Ochsner Blvd
Suite 130
Gretna, LA 70056

New Patient Intake Form

Demographic

Name:

Last **MI** **First**

Address:

Street **City** **State** **Zip**

(Address Continued)

Date of Birth:

___ / ___ / ____

Phone: _____

Email:

Height:

Weight: _____

Medical History

Chief Complaint:

Primary Physician:

Name

Referring Physician:

Name **Specialty**

Preferred Pharmacy:

Name **Phone**

Do we have permission to access your medications from your pharmacy? **Yes** **No**

Allergies:

Family History

- | | |
|--|---|
| <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Obstructive Sleep Apnea | <input type="checkbox"/> Bleeding Disorders |

Social History

- Alcohol Intake: None Occasional Moderate Heavy
- Smoking Status: Never Former Daily

Past Surgical History

Surgery **Date**

Past Medical History

- | | |
|--|--|
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Lung Disease |
| <input type="checkbox"/> Bleeding Disorders | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nasal Obstruction |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Nasal Polyps |
| <input type="checkbox"/> Difficulty Swallowing | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Obstructive Sleep Apnea |
| <input type="checkbox"/> GERD/Reflux | <input type="checkbox"/> Sinus Pressure |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Snoring |
| <input type="checkbox"/> Heart Attack | |

Patient Signature **Date**